



सत्यमेव जयते

**Government of India**  
**Form GST REG-06**

[See Rule 10(1)]

**Registration Certificate**

**Registration Number : 27AAGPI0547Q2ZB**

1.	<b>Legal Name</b>	MEENA PARAMESHWARAN IYER			
2.	<b>Trade Name, if any</b>	PARAMIN PRINTERS			
3.	<b>Constitution of Business</b>	Proprietorship			
4.	<b>Address of Principal Place of Business</b>	1 TO 12 1ST FLOOR, BOTAWALA BLDG 4A SIR, P M ROAD, FORT, Mumbai City, Maharashtra, 400001			
5.	<b>Date of Liability</b>				
6.	<b>Period of Validity</b>	From	30/08/2017	To	NA
7.	<b>Type of Registration</b>	Regular			
8.	<b>Particulars of Approving Authority</b>				
Signature					
Signature Not Verified Digitally signed by DS GOODS AND SERVICES TAX NETWORK 1 Date: 2018.07.07 23:26:02 IST					
Name					
Designation					
Jurisdictional Office					
9.	<b>Date of issue of Certificate</b>	07/07/2018			
Note: The registration certificate is required to be prominently displayed at all places of business in the State.					

This is a system generated digitally signed Registration Certificate issued based on the deemed approval of application on 30/08/2017 .



GSTIN	27AAGPI0547Q2ZB
Legal Name	MEENA PARAMESHWARAN IYER
Trade Name, if any	PARAMIN PRINTERS

**Details of Additional Places of Business**

Total Number of Additional Places of Business in the State	0
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GSTIN	27AAGPI0547Q2ZB
Legal Name	MEENA PARAMESHWARAN IYER
Trade Name, if any	PARAMIN PRINTERS

**Details of Proprietor**

1



Name	MEENA PARAMESHWARAN IYER
Designation/Status	proprietor
Resident of State	Maharashtra

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
**AAGPI0547Q**



नाम/ Name  
**IYER MEENAKSHY PARAMESHWARAN**

पिता का नाम/ Father's Name  
**VENKATACHALAM**

05022020

जन्म की तारीख /  
Date of Birth  
**10/09/1953**

  
हस्ताक्षर / Signature

**इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं:**

आयकर पैन सेवा इकाई, एन एस डी एल  
चौथी मंजिल, मंत्री स्टर्लिंग,  
प्लॉट नं. 341, सर्वे नं. 997/8,  
मॉडल कालोनी, दीप बंगला चौक के पास,  
पुणे - 411 016.



***If this card is lost / someone's lost card is found,  
please inform / return to :***

Income Tax PAN Services Unit, NSDL  
4th Floor, Mantri Sterling,  
Plot No. 341, Survey No. 997/8,  
Model Colony, Near Deep Bungalow Chowk,  
Pune - 411 016.

Tel: 91-20-2721 8080, Fax: 91-20-2721 8081  
e-mail: [tinfo@nsdl.co.in](mailto:tinfo@nsdl.co.in)

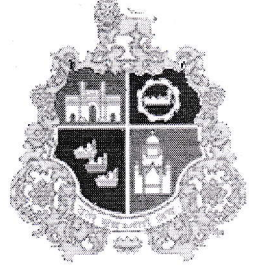
नमुना - "ग" Form - "G"

(नियम ९ पहा) (See rule 9)

सूचना दिल्याबाबत पावती INTIMATION RECEIPT

अर्जदाराने नमुना "फ" द्वारा व्यवसाय सुरु केल्याबाबतची सूचना खाली नमूद केलेल्या तपशीलासह या कार्यालयास दिलेली आहे. त्याचा तपशील पुढीलप्रमाणे :-

The applicant has intimated the following details for having commenced the Business in Form "F" to this office. The details thereof are as follows:-



Maharashtra Shops & Establishment (Regulation of Employment and Condition of Service) Act, 2017  
महाराष्ट्र दुकाने व आस्थापना (नोकरीचे व सेवाशर्तीचे विनियमन) अधिनियम, २०१७

१. अर्जाचा आयडी क्रमांक (सूचनापत्राचा)

1. Application Id Number : 890415571 / A Ward / COMMERCIAL II

२. आस्थापनेचे नाव

2. Name of the Establishment : PARAMIN PRINTERS

३. कामगारांची एकूण संख्या

3. Total No. Of Workers : Male Female Total  
00000 00002 00002

४. मालकाचे नाव

4. Name of the Employer : MRS. MEENAKSHY PARAMESHWARAN IYER |

५. आस्थापनेच्या टपालाचा पत्ता

5. Postal Address of the Establishment : 4A, BOTAWALA CHAMBERS, SIR P M ROAD, FORT, MUMBAI, 400001,

६. सदरची पावती ही केवळ अर्जदाराने त्याचा व्यवसाय सुरु केल्याबद्दल कार्यालयास पाठविलेल्या सूचनापत्राची पोच पावती असून व्यवसाय अथवा व्यवसायाची जागा अस्तित्वात असल्याबद्दलचा पुरावा नाही. व्यवसायासाठी व व्यवसायाच्या जागेसाठी आवश्यक असणारी संबंधित सक्षम प्राधिकारी यांच्याकडील पूर्व / पश्चात परवानगी, अनुज्ञाप्ती, परवाना धारण करण्याची सर्वस्वी जबाबदारी मालकाची राहिल.

6. This is just an acknowledgement of the intimation application and not a proof of existence of the business and the place of business as mention in the intimation application. It shall be the responsibility of the employer to obtain the entire prior and post permission, permit, licenses mandatory for the conduct of the said business and for the place of business from the concerned authority.

७. व्यवसायाचे स्वरूप (व्यवसायाची सविस्तर माहिती द्यावी)

7. Nature of Business : Printing

८. पूर्वीचा नोंदणी प्रमाणपत्राचा क्रमांक व दिनांक, लागू असल्यास

8. Old Registration No. And Date, if applicable : A Ward / COMMERCIAL II / 760173828 / 31.12.2020

दिनांक

Date : 30.12.2020

कार्यालयाचा पत्ता

Office Address : Office of the Chief Facilitator, Hawkers Plaza Building, 5th Floor, Senapati Bapat Marg, Dadar, Mumbai - 400028

ठिकाण

Place : Mumbai

टीप : सदरची पोच पावती संगणकीय प्रणालीद्वारे तयार करण्यात आलेली असल्याने त्यावर स्वाक्षेरीची आवश्यकता नाही.

Note : This is an electronically generated receipt, hence does not required signature.